



1999

GUARDIANSHIP INVESTIGATION/MEDIATION REPORT

Fill out this form for each guardianship investigation or guardianship mediation completed during study period.

Counselor ID # _____

1. A. Was this a:

- ☐ Guardianship investigation
☐ Guardianship mediation
☐ Both

B.

Date completed ____/____/____

Date of session ____/____/____

2. What brought this family to Family Court Services? (Check all that apply)

- ☐ Guardianship petition
☐ Guardianship termination
☐ Guardianship review
☐ Court sent for mediation
☐ Court sent for investigation

3. Why was a guardianship sought? (Check all that apply)

- ☐ CPS referred
☐ Abandonment
☐ Parent deceased
☐ Parent incarcerated
☐ Parent ill
☐ Parent's substance abuse
☐ Military parent (in boot camp or assigned abroad)
☐ Parents are minors
☐ Other (*Please describe*)

4. Do you expect this to be a temporary guardianship?

- ☐ Yes
☐ No
☐ Don't know

5. Is this a contested guardianship?

- ☐ No
☐ Yes

A. Who is contesting guardianship? (Check all that apply)

- ☐ Mother
☐ Father
☐ Other prospective guardian
☐ Maternal grandparents
☐ Paternal grandparents
☐ Other relatives
☐ Other (Please describe)

B. Why is guardianship being contested?

6. Who in this case is currently represented by attorneys?

- A. (Prospective) Guardian(s) represented?**
☐ Yes
☐ No
☐ One is, other is not
☐ Don't know
- B. Mother represented?**
☐ Yes
☐ No
☐ Don't know
- C. Father represented?**
☐ Yes
☐ No
☐ Don't know
- D. Child(ren) represented?**
☐ Yes
☐ No
☐ Don't know

7. What is the relationship between the prospective guardian(s) and the child(ren)?

- ☐ Not related at all
☐ Grandparent(s)
☐ Other relative(s) (Please describe)

8. Are the proposed guardian(s) and at least one of the child(ren)'s parents living in the same household?

- ☐ Yes
☐ No

9. How many children are at issue? _____ Please answer the following questions for each of the children who are at issue.

	Oldest child	Second child	Third child	Fourth child
A. Birthdate:	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year
B. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
C. Right now, with whom does child live?	<input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> With prospective guardian <input type="checkbox"/> With other relative <input type="checkbox"/> Other (Please describe)	<input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> With prospective guardian <input type="checkbox"/> With other relative <input type="checkbox"/> Other (Please describe)	<input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> With prospective guardian <input type="checkbox"/> With other relative <input type="checkbox"/> Other (Please describe)	<input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> With prospective guardian <input type="checkbox"/> With other relative <input type="checkbox"/> Other (Please describe)

10. Have any of the children listed in Q 9 ever had the following:

A. A delay in growth or development?

- ☐ Yes
☐ No

B. An emotional or behavioral problem that lasted three months or more?

- ☐ Yes
☐ No

C. A learning disability?

- ☐ Yes
☐ No

11. If guardianship mediation: Who participated in mediation? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Prospective guardian(s) | <input type="checkbox"/> Attorney for guardian |
| <input type="checkbox"/> Other prospective guardian | <input type="checkbox"/> Attorney for child |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney for parent(s) |
| <input type="checkbox"/> Father | |
| <input type="checkbox"/> Other relative of child | |

12. What allegations have been made? (Check all that apply)

<u>Allegations/Concerns:</u>	Father	Mother	Proposed guardian(s)	Someone associated with father	Someone associated with mother	Someone associated with guardian(s)
a. Child abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b. Child neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c. Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Psychological disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e. Physical abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexual abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Emotional abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (<i>Please describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which of the following were child issues in this case: (Check all that apply)

- | | |
|--|--|
| a. <input type="checkbox"/> Behavior problems | f. <input type="checkbox"/> Child safety |
| b. <input type="checkbox"/> Emotional adjustment | g. <input type="checkbox"/> Child has difficulty with transitions |
| c. <input type="checkbox"/> Age appropriateness of parenting plan | h. <input type="checkbox"/> Child refuses to visit |
| d. <input type="checkbox"/> Child's developmental progress | i. <input type="checkbox"/> School problems |
| e. <input type="checkbox"/> Child's medical needs | j. <input type="checkbox"/> Other (<i>Please describe</i>) |

14. Has Child Protective Services (CPS) investigated a report about these children?

- ☐ Yes
☐ No
☐ CPS dropped because
case in family court
☐ Don't know

A. Whose household did the report(s) concern? (Check all that apply)

- ☐ Mother
☐ Father
☐ Other (*Please describe*)

B. Was the finding that child was at risk in: (Check all that apply)

- ☐ Mother's house
☐ Father's house
☐ Neither
☐ Other (*Please describe*)

15. Which of the following have you done in completing this investigation? (Check all that apply)

A. In-office Interviews

- ☐ Mother
☐ Father
☐ Guardian/prospective guardian
☐ Child
☐ Step-parent
☐ Other relatives
☐ Attorneys
☐ Someone else (*Please list*)

B. Home visits

- ☐ To mother
☐ To father
☐ To guardian/prospective guardian
☐ To child
☐ To step-parent
☐ To other relatives

C. Records/file Checks

- ☐ Criminal records
☐ DMV records
☐ CPS
☐ Probation records
☐ Other records (*What?*)

D. Collateral contacts

- ☐ None
☐ Supervised visitation provider
☐ Domestic violence shelter
☐ Health care provider
☐ Child care provider
☐ Substance treatment center
☐ Mental Health Professional
☐ CASA
☐ School
☐ Law enforcement
☐ Child education agency (i.e. Kids Turn)
☐ Outside parent education provider
☐ Other (*Please describe*)

- E.** ☐ Case consultation/conference with supervisor or colleagues
☐ Other (*Please describe*)

16. What is your recommendation?

- ☐ Guardianship granted/continued
☐ Guardianship terminated
☐ Other (*Please describe*)

17. A. Special visitation provisions agreed upon or recommended. *(Check all that apply)*

- | | |
|--|--|
| a. <input type="checkbox"/> None | f. <input type="checkbox"/> No substance (may include tobacco) use during visitation |
| b. <input type="checkbox"/> Supervised visitation initiated/continued | g. <input type="checkbox"/> Nonremoval of child from state |
| c. <input type="checkbox"/> Supervised visitation stopped | h. <input type="checkbox"/> Restrictions on driving with children |
| d. <input type="checkbox"/> Suspended visitation | i. <input type="checkbox"/> No contact with specific third party |
| e. <input type="checkbox"/> Supervised exchanges or neutral pickup point | j. <input type="checkbox"/> Other <i>(Please describe)</i> |

B. To whose visitation do the provisions apply? *(Check all that apply)*

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Maternal grand parents | <input type="checkbox"/> Other relatives |
| <input type="checkbox"/> Father | <input type="checkbox"/> Paternal grand parents | <input type="checkbox"/> <i>(Please describe)</i> |

18. Other provisions you are recommending: *(Check all that apply)*

- | | Mother | Father | Guardian(s) | Other Relative |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. <input type="checkbox"/> Parent education class for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <input type="checkbox"/> Drug/alcohol testing/treatment for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <input type="checkbox"/> Domestic violence treatment for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <input type="checkbox"/> Other counseling for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <input type="checkbox"/> Counseling for child | | | | |
| f. <input type="checkbox"/> Attorney for child | | | | |
| g. <input type="checkbox"/> Child advocate or CASA | | | | |
| h. <input type="checkbox"/> Special Master | | | | |
| i. <input type="checkbox"/> None | | | | |
| j. <input type="checkbox"/> Other <i>(Please describe)</i> | | | | |

19. What kind of report have you prepared?

- ☐ Verbal
☐ Written

20. About how many hours do you estimate you have spent on this investigation? _____